

DECLARATION

As a below named inventor, I hereby declare that this declaration is of the following type:

- original
- design
- supplemental
- national stage of PCT
- divisional
- continuation
- X continuation-in-part

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled CLOSURE DEVICE, the specification of which

- (a)  is attached hereto OR
- (b) X was filed on February 24, 2004 as United States Application Serial No. 10/787,073 and was amended on \_\_\_\_\_ if applicable
- (c)  was described and claimed in PCT International Application No. \_\_\_\_\_ filed on \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56, including for continuation-in-parts applications, material information which became available between the filing date of the prior application and the filing date of the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 USC 119 (a) – (d), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by check the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s) or any PCT international application having a filing date before that of the application of which priority is claimed.

- (d)  no such applications have been filed
- (e)  such application have been filed as follows:

Prior Foreign Application Number(s)	Country	Date of Filing	Priority Claimed	
			Yes	No

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date
None	

I hereby claims the benefit under 35 USC § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 USC § 112, I acknowledge the duty to disclose material information as defined in 37 CFR § 1.56(a), regarding events which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status-patented, pending, abandoned
10/435,104	5/9/2003	Pending
10/335,075	12/31/2002	Pending
10/081,726	2/21/2002	6,623,510 issued September 23, 2003
09/732,178	12/7/2000	6719777 issued April 13, 2004.

Direct all correspondence to :

Attorney Docket No.: 701879.4013

Customer No.

34313

Orrick, Herrington & Sutcliffe LLP

Attn: James W. Geriak

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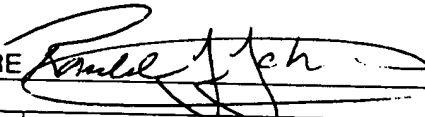
Fax. (949) 567-6710

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

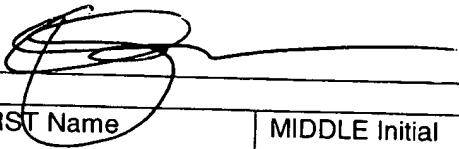
201	FULL NAME OF INVENTOR	FIRST Name Michael	MIDDLE Initial T.	LAST Name Carley	
	RESIDENCE & CITIZENSHIP	City San Jose	State or Foreign Country California	Country of Citizenship United States	
	POST OFFICE ADDRESS	1681 The Alameda #28	City San Jose	State or Country CA	Zip Code 95126
INVENTOR'S SIGNATURE		<i>Michael T. Carley</i>		Date: <i>Sept. 20, 2004</i>	

202	FULL NAME OF INVENTOR	FIRST Name Richard	MIDDLE Initial S.	LAST Name Ginn	
	RESIDENCE & CITIZENSHIP	City San Jose	State or Foreign Country California	Country of Citizenship United States	
	POST OFFICE ADDRESS	297 Marti Way	City San Jose	State or Country California	Zip Code 95136
INVENTOR'S SIGNATURE				Date:	

203	FULL NAME OF INVENTOR	FIRST Name Javier	MIDDLE Initial	LAST Name Sagastegui	
	RESIDENCE & CITIZENSHIP	City Castro Valley	State or Foreign Country California	Country of Citizenship United States	
	POST OFFICE ADDRESS	3430 Sommerset Ave., #2	City Castro Valley	State or Country CA	Zip Code 94546
INVENTOR'S SIGNATURE				Date:	

204	FULL NAME OF INVENTOR	FIRST Name Ronald	MIDDLE Initial J.	LAST Name Jabba	
	RESIDENCE & CITIZENSHIP	City Redwood City	State or Foreign Country California	Country of Citizenship United States	
	POST OFFICE ADDRESS	144 Oakdale St.	City Redwood City	State or Country California	Zip Code 94062
INVENTOR'S SIGNATURE				Date: 9/20/04	

205	FULL NAME OF INVENTOR	FIRST Name William	MIDDLE Initial N.	LAST Name Aldrich	
	RESIDENCE & CITIZENSHIP	City Napa	State or Foreign Country California	Country of Citizenship United States	
	POST OFFICE ADDRESS	P.O. Box 6528	City Napa	State or Country California	Zip Code 94581
INVENTOR'S SIGNATURE				Date:	

206	FULL NAME OF INVENTOR	FIRST Name W.	MIDDLE Initial Martin	LAST Name Belef	
	RESIDENCE & CITIZENSHIP	City San Jose	State or Foreign Country California	Country of Citizenship United States	
	POST OFFICE ADDRESS	1177 Britton Ave.	City San Jose	State or Country California	Zip Code 95125
INVENTOR'S SIGNATURE				Date: 9-20-04	

207	FULL NAME OF INVENTOR	FIRST Name	MIDDLE Initial	LAST Name	
	RESIDENCE & CITIZENSHIP	City	State or Foreign Country	Country of Citizenship	
	POST OFFICE ADDRESS		City	State or Country	Zip Code
INVENTOR'S SIGNATURE				Date:	

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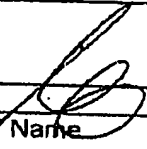
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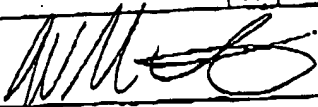
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	POST OFFICE ADDRESS	P.O. Box 6528	City Napa	State or Country California	Zip Code 94581
INVENTOR'S SIGNATURE 					Date: 9/28/04

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	POST OFFICE ADDRESS		City	State or Country	Zip Code
INVENTOR'S SIGNATURE					Date:

**STATE OF CALIFORNIA  
CERTIFICATION OF VITAL RECORD**

O.P.R.  
SEP 23 2004  
ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY

**ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY  
PUBLIC HEALTH DEPARTMENT**

**CERTIFICATE OF DEATH**

3200401002283

1. NAME OF DECEASED - FIRST, MIDDLE, LAST <b>Javier Francisco Sagaetegui</b>		2. MIDDLE <b>Javier</b>		3. LAST (SURNAME) <b>Sagaetegui</b>	
4. ALBANY NUMBER <b>Alameda</b>		5. DATE OF BIRTH (month/day/year) <b>01/09/1947</b>		6. AGE (in months, days, hours, minutes) <b>57</b>	
7. SEX <b>M</b>		8. MARRITAL STATUS (at time of death) <b>Married</b>		9. DATE OF DEATH (month/day/year) <b>04/02/2004</b>	
10. SOCIAL SECURITY NUMBER <b>454-98-2469</b>		11. EVER HAD AIDS FORGET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		12. MARITAL STATUS (at time of death) <b>1335</b>	
13. DECEASED'S RACE <b>Mexican</b>		14. DECEASED'S ETHNICITY <b>Mexican</b>		15. DECEASED'S HAIR COLOR <b>White</b>	
16. USUAL OCCUPATION <b>Senior Engineer</b>		17. KIND OF BUSINESS OR INDUSTRY <b>Medical</b>		18. YEARS OF OCCUPATION <b>32</b>	
19. DECEASED'S RESIDENCE (street and number if known) <b>5186 Newgate Dr.</b>					
20. CITY <b>Castro Valley</b>		21. COUNTY <b>Alameda</b>		22. ZIP CODE <b>94546</b>	
23. YEARS IN COUNTY <b>12</b>		24. STATE (foreign country) <b>CA</b>			
25. DECEASED'S MARITAL RELATIONSHIP <b>Janina Sagaetegui - Wife</b>					
26. DECEASED'S MAILING ADDRESS (street and number if known) <b>5186 Newgate Dr. Castro Valley, CA 94546</b>					
27. NAME OF SURVIVOR (spouse - first, middle, last) <b>Janina</b>		28. MIDDLE <b>Janina</b>		29. LAST (SURNAME) <b>Gajewska</b>	
30. NAME OF FATHER - FIRST <b>Javier</b>		31. MIDDLE <b>Javier</b>		32. LAST (SURNAME) <b>Sagaetegui</b>	
33. NAME OF MOTHER - FIRST <b>Concepcion</b>		34. MIDDLE <b>Concepcion</b>		35. LAST (SURNAME) <b>Garza</b>	
36. US POSITION DATE <b>04/06/2004</b>		37. PLACE OF FINAL DISPOSITION <b>Scatter At Sea off San Francisco Coast, San Francisco, CA</b>			
38. TYPE OF DISPOSITION <b>CR/SEA</b>		39. COMMUNAL OR EMBALMER <b>Not Embalmed</b>		40. LICENSE NUMBER <b>04/05/2004</b>	
41. NAME OF FUNERAL ESTABLISHMENT <b>Jess S. Spencer Mortuary, Inc.</b>		42. LICENSE NUMBER <b>FD 1168</b>		43. SIGNATURE OF LOCAL REGISTRAR <b>Jess S. Spencer</b>	
44. PLACE OF DEATH <b>Own Residence</b>		45. HOSPITAL IDENTIFICATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		46. OTHER THAN HOSPITAL, REPORT OF DEATH <input type="checkbox"/> Other <input checked="" type="checkbox"/> Crematory <input type="checkbox"/> Other	
47. CITY <b>Alameda</b>		48. COUNTY <b>Alameda</b>		49. ZIP CODE <b>Castro Valley</b>	
50. CAUSE OF DEATH <b>Coronary Artery Disease</b>		51. DEATH REPORTED TO COUNTY <b>5 Mos</b>		52. DEATH REPORTED TO COUNTY <b>2004-01125</b>	
53. CAUSE OF DEATH <b>Renal Failure</b>		54. DEATH REPORTED TO COUNTY <b>6 Mos</b>		55. DEATH REPORTED TO COUNTY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
56. CAUSE OF DEATH <b>Diabetes Type II</b>		57. DEATH REPORTED TO COUNTY <b>13 Yrs</b>		58. DEATH REPORTED TO COUNTY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
59. OTHER SIGNIFICANT CONTRIBUTORS TO DEATH BUT NOT LISTED IN THE UNDERLYING CAUSE OF DEATH <b>Hypertensive Cardiomyopathy</b>					
60. PERIOD OF OPERATION OF PERICARDIAL PAD AND CONDITION AT DEATH <b>Peritoneal Dialysis Catheter 12/03/2003</b>					
61. IDENTIFY THE BEST COPY AVAILABLE OF PHOTOGRAPH OF THE DECEASED <b>12/07/2000</b>		62. IDENTIFY THE BEST COPY AVAILABLE OF PHOTOGRAPH OF THE DECEASED <b>04/01/2004</b>		63. LICENSE NUMBER <b>6035257</b>	
64. TYPE AND ADDRESS OF DECEASED'S HOME <b>12/07/2000</b>		65. TYPE AND ADDRESS OF DECEASED'S HOME <b>04/01/2004</b>		66. TYPE AND ADDRESS OF DECEASED'S HOME <b>CA-94546</b>	
67. TYPE AND ADDRESS OF DECEASED'S HOME <b>12/07/2000</b>		68. TYPE AND ADDRESS OF DECEASED'S HOME <b>04/01/2004</b>		69. TYPE AND ADDRESS OF DECEASED'S HOME <b>20055 Lake Chabot Rd. #230 Castro Valley.</b>	
70. NUMBER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending <input type="checkbox"/> Cause not yet determined		71. INJURED AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		72. HOUR OF DEATH <b>24805</b>	
73. PLACE OF DEATH (e.g., home, hospital, nursing home, etc.)					
74. DESCRIBE HOW DEATH OCCURRED (events and actions in order)					
75. LOCATION OF DEATH (street and number if known, and city, and ZIP)					
76. SIGNATURE OF CORNER DEPUTY REGISTRAR		77. DATE (month/day/year)		78. TYPE NAME, TITLE OF CORNER DEPUTY REGISTRAR	

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA }  
COUNTY OF ALAMEDA } SS

This is a true and exact reproduction of the document officially registered and filed with the Alameda County Health Care Services Agency.

DATE ISSUED: 04/08/2004

*Jess S. Spencer*  
HEALTH OFFICER AND LOCAL REGISTRAR  
ALAMEDA COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying date and signature of Registrar



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